

USDA
Form RD 2045-11
(Rev. 5-02)

U.S. DEPARTMENT OF AGRICULTURE
PRE-TAX PARKING APPLICATION
(Please type or print legibly in blue or black ink)

Applicant Information

Last Name: _____ First Name: _____ MI: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Work Address: _____

If applicable: Div/Unit _____ Rm#/Sub Unit: _____

City: _____ State: _____ Zip Code: _____

Work Telephone Number: _____ SSN: _____

Parking Facility (Please provide the name of the parking facility that you use in the space below):

Metro Lot _____ Private Lot _____ Public Lot _____

Parking Meter _____ Other (explain) _____

Employee Certification:
WARNING: This certification concerns a matter with the jurisdiction of an agency of the United States and making a false, fictitious, or fraudulent certification may render the maker subject to criminal prosecution under Title 18, United States Code, Section 1001, Civil Penalty Action, providing for administrative recoveries of up to \$10,000 per violation, and/or agency disciplinary actions up to and including dismissal:

I certify that I am employed by the Department of Agriculture.
 I certify that I am eligible for a pre-tax parking benefit.
 I certify that the monthly pre-tax parking I am receiving does not exceed my monthly parking cost.

I certify that my usual monthly parking costs are: \$ _____

Employee **Original** Signature: _____ **Date:** _____

Parking Coordinator:

Name: _____ Title: _____
 Signature: _____ Date: _____

PRIVACY ACT STATEMENT: This information is solicited under authority of Public Law 101-509. Furnishing the information on this form is voluntary, but failure to do so may result in disapproval of your request for a public transit fare benefit. The purpose of this information is to facilitate timely processing of your request, to ensure your eligibility, and to prevent misuse of the funds involved.

Used by Rural Development employees to enroll in the Pre-Tax Parking Benefit Program.

- PROCEDURE FOR PREPARATION : RD Instruction 2045-E.
- PREPARED BY : Support Service Division.
- NUMBER OF COPIES : Original.
- SIGNATURES REQUIRED : Employee and Program coordinator.
- DISTRIBUTION COPIES : Original to Program coordinator.